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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

DOCUMENT # P95000092033 (6) J & I TRUCKING, INC. Principal Place of Business Mailing Address 5099 COUNTY RD. 144 WILDWOOD FL 34785					
				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal F	Place of Business	2a. Mailing Address		12/01/1995 4. FEI Number	Applied For
'T Suite, Apt	t. #, etc	Suite, Apt. #, etc.		59-3351781	Not Applicable \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
Crty & Sta	ale	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
≝1	Country	Zip	Country	This corporation has liability for its corporation as liability for its corporation.	Added to Fees
•]	25	[29]	30	Florida Statutes	□No
	9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
	OOD FL 34785 t to the provisions of Sections 607.0	502 and 607 1500 Florida Ptat.	83 84 City		85 Zip Code
or registe familiär w	ered aftent, or both, in the State of F vith, and accept the obligations of, S	lorida: Such change was authori echon 6,17.0505, Florida Statute	ites, the above-named corp ized by the corporation's bo is.	oration submits this statement for the pur aard of directors. I hereby accept the appo	pose of changing its registered offic pintment as registered agent. I am
	x During L.	grand		oration submits this statement for the pur aird of directors. I hereby accept the appo	
IGNATURE)	Shirichare, typed or priviled marrie of registerent a OFFICERS	AND DIRECTORS	ites, the above named corporated by the corporation's books. KOTE: Registered Agent signature requirements.		DATE
IGNATURE) 2.	Styletin: typed or prising name of repetitions a OFFICERS. PRESIDENT	AND DIRECTORS	KOTE: Registered Agent signature requi	ired when reinstating:	DATE
GNATURE) 2. LE	Striction types or prised more of registered a OFFICERS PRESIDENT Trvin L. Grant	ON THE PRINCIPLE OF THE	KOTE: Registered Agent signature resp. 13. 1.1 TITLE 1.2 NAME	ired when reinstating:	DATE CERS AND DIRECTORS IN 12
IGNATURE) 2. ILE IM ILE	Structure, typist or prising name of registerior is OFFICERS. PRESIDENT FIVIN L. Grant 5099 Co Rd. 14	AND DIRECTORS	KOTE: Registered Agent signature requi	ired when reinstating:	DATE CERS AND DIRECTORS IN 12
CONSTURE) 2. ILE AM REFEADDRESS IV ST ZIP ILE	Styrctor typed or prised prised of Cofficers. OFFICERS. PRESIDENT Trvin L. Grant 5099 Co Ra. 14 Wildwood Plo VICE President	ON THE PRINCIPLE OF THE	NOTE: Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ired when reinstating:	DATE CERS AND DIRECTORS IN 12
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cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or or an attachment with an address.

GRANT
TEMPANE OF SIGNING OFFICER OR DIRECTOR